

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	464	2000	445,435.97
OUTPATIENT	16	202	1,859.92	0	0	0.00	4004	84210	550,173.57
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	255	3168	127,052.50
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4524	138081	14402,314.87
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	14	412	121,626.86
HOME HEALTH	1	6	583.20	0	0	0.00	2392	45379	1905,103.63
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	19	29	2,304.99	0	0	0.00	6098	28902	352,581.93
CLINIC SERVICES	8	13	1,235.86	0	0	0.00	429	276	35,805.28
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	12	58	959.69	0	0	0.00	855	175	2,317.60
HABILITATION SERVICES	0	0	0.00	0	0	0.00	64	1800	106,802.34
REMEDIAL SERVICES	55	83	122.05	0	0	0.00	5842	6079	67.15
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	251	296	25,561.48

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	15	28	413.02	0	0	0.00	2808	4344	39,855.54
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	53	53	113.42	0	0	0.00	5653	5669	12,131.66
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	55	83	2,203.35	0	0	0.00	5843	6187	24,471.79
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	30	30	60.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	3103	179712	244,391.03
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	409	1144	19,766.06
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	3	3	510.83	0	0	0.00	394	497	73,487.56
OPTOMETRIST	3	4	232.59	0	0	0.00	578	824	21,518.95
CHIROPRACTIC	0	0	0.00	0	0	0.00	436	870	5,362.66
PODIATRIC	0	0	0.00	0	0	0.00	721	1094	11,882.95
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	89	2,091.48
PSYCHIATRIC	0	0	0.00	0	0	0.00	173	318	8,476.98
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	273	8723	76,604.14
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	74	3740	235,552.85
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	3476	160348	2313,054.32
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	79	475	22,199.85
UNASSIGNED	0	0	0.00	0	0	0.00	4	0	76.20-
* A L L C A T E G O R I E S *	77	592	10,598.92	0	0	0.00	16467	684812	21185,614.80

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1627	10411	9510,540.07	617	2156	3499,310.21
OUTPATIENT	2	17	362.60	17015	436502	6390,707.44	9585	158735	4208,475.20
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	1	29	588.57	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	268	4263	2107,801.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	627	18562	2257,803.43	1	25	3,383.25
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	3922	108069	3292,843.72	60	458	35,531.92
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	6	58.34	25571	113130	3861,683.79	16229	31809	2780,448.25
CLINIC SERVICES	0	0	0.00	3403	4410	627,255.51	3290	4445	644,752.86
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3680	8807	151,450.76	3614	12175	296,984.78
HABILITATION SERVICES	1	6	178.56	3188	102515	5134,836.85	29	431	20,438.66
REMEDIAL SERVICES	3	3	4.85	54574	57383	452,471.98	45372	51178	191,609.47
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	964	1148	123,663.28	277	278	35,187.83

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	326	94043	972,611.11	9	1566	8,995.55
EARLY ACCESS SERVICES	0	0	0.00	49	213	2,131.97	2	16	217.40
PRESCRIBED DRUGS	1	1	42.88	26373	110399	8189,155.73	23230	63477	2760,043.14
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	54545	56165	120,193.10	45277	48849	104,536.86
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	99	95	7,070.86	4346	4837	467,005.59
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	54577	57066	4161,243.04	45371	51217	1562,386.10
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	123	154	8,007.69	30	41	1,549.69
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	35	35	115,577.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	3	3	6.00	27577	27565	55,130.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	602	1374	158,406.52	136	319	11,880.89
MEDICAL SUPPLIES	0	0	0.00	10020	723123	1807,489.41	1117	28568	224,240.44
OTHER PRACTITIONER	0	0	0.00	3128	18144	625,870.76	2134	3604	232,947.03
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	4129	5284	858,400.23	3287	4497	817,460.92
OPTOMETRIST	0	0	0.00	2543	3340	156,528.00	1709	2021	145,641.11
CHIROPRACTIC	0	0	0.00	2366	5246	73,231.33	1822	3785	125,841.49
PODIATRIC	0	0	0.00	1362	2374	80,789.01	252	319	31,714.57
PHYSICAL DISABILITIES SVCS	0	0	0.00	511	19623	262,712.66	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	324	17285	661,275.76	0	0	0.00
PSYCHIATRIC	1	1	38.91	2592	4508	129,202.24	26	52	3,854.74
RESIDENTIAL CARE FACILITY	0	0	0.00	1153	36263	294,645.94	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	880	54490	2800,596.01	2	33	5,710.95
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	20	1645	21,754.32	9	568	9,525.56
AIDS WAIVER SERVICES	0	0	0.00	10	783	9,357.03	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	40	1839	33,522.13	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1831	92913	1663,103.84	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1248	9405	434,338.31	11	189	8,526.51
UNASSIGNED	0	0	0.00	11	0	125.03-	0	0	0.00
* A L L C A T E G O R I E S *	3	40	919.90	59673	2181041	57558,741.37	56324	503213	18293,330.97

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	295	2145	3230,213.02	295	5337	1430,902.29	1893	11560	17520,043.02
OUTPATIENT	8191	79083	1849,444.27	2274	34275	664,861.15	13654	195097	3161,839.86
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	18,600.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	0	0.00	0	0	0.00	7	23	7,937.40
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	173	22,290.90
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1471,059.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	364	2856	101,511.16	45	191	9,674.12	675	2983	2549,129.05
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	1	0	53.38-
PHYSICIAN	19404	30453	2027,525.74	4260	7979	525,240.09	32734	57891	4417,609.21
CLINIC SERVICES	4190	5053	749,164.86	986	1250	179,923.85	7293	9493	1246,659.53
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	3188,697.00
LAB AND RADIOLOGICAL	2108	3992	58,938.16	585	1856	36,012.33	4358	11475	198,731.02
HABILITATION SERVICES	3	69	5,096.02	18	193	13,019.15	10	457	7,822.81
REMEDIAL SERVICES	75407	82820	1061,318.74	16172	18587	197,970.37	112440	126135	1361,922.36
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	131	126	16,606.85	56	57	8,416.58	217	211	26,641.52

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	109	21568	159,255.09	17	4356	27,352.98	121	32309	225,560.77
EARLY ACCESS SERVICES	70	246	2,262.31	9	20	203.10	82	317	2,799.93
PRESCRIBED DRUGS	19150	33311	1816,099.64	4949	11031	582,075.52	28483	50933	2502,345.43
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	75275	79970	171,135.80	16104	17026	36,435.64	112563	119456	255,635.84
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	477	547	55,389.59	169	185	22,605.52	321	345	39,637.22
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75343	82809	819,710.58	16149	17879	355,835.37	112352	126412	1516,102.12
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2014	2256	359,761.16	289	351	67,920.97	3559	3769	850,285.98
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	49093	49093	98,186.00	9933	9930	19,860.00	79333	79323	158,646.00
HEALTH INS PREMIUM PAYMENT	189	485	11,648.29	58	148	4,796.39	1428	3929	107,045.31
MEDICAL SUPPLIES	938	13569	109,650.91	188	3356	29,237.87	1413	26669	155,071.23
OTHER PRACTITIONER	2790	7384	371,601.60	688	2322	110,731.70	4569	9767	545,132.46
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	5585	6483	791,723.31	1126	1362	194,488.61	8357	9474	1150,165.87
OPTOMETRIST	2086	2338	154,736.60	538	609	38,863.04	3114	3395	216,698.28
CHIROPRACTIC	889	1559	48,239.69	274	544	17,556.81	1685	3177	91,318.49
PODIATRIC	81	97	10,342.29	24	26	2,946.66	129	141	11,660.51
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	2	1	957.58
PSYCHIATRIC	25	29	2,794.73	10	16	1,031.44	54	74	30,187.45
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	1	37.54	2	4	10,580.77
CHILDRENS MENTAL HEALTH SVC	30	1930	30,640.45	76	4556	73,678.07	42	3538	45,395.22
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	1	11	221.09
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	115	1,998.70	1	35	428.40
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	35	746	32,396.15	81	1401	64,040.94	55	809	37,553.37
UNASSIGNED	0	0	0.00	0	0	0.00	4	0	1137,549.18
* A L L C A T E G O R I E S *	82750	511018	14145,755.07	17654	144959	4717,716.80	122601	889386	39051,529.90

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	46	483	205,211.45	544	2426	724,381.38	45	251	374,444.67
OUTPATIENT	918	14611	231,723.99	4504	113294	707,565.53	485	13515	257,403.69
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	8	60	36,321.61	360	4175	25,223.64	3	19	416.22
INTERMEDIATE CARE FACILITY	1	31	4,668.91	6094	186367	22793,661.19	1	7	989.59
INTER CARE MENTAL RETARDA	13	365	158,280.62	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	35	1062	330,139.02	0	0	0.00
HOME HEALTH	59	5063	102,411.63	3328	62741	2843,905.22	41	530	17,901.28
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2318	3426	200,461.08	6303	30425	404,188.94	781	2168	171,767.95
CLINIC SERVICES	482	556	71,852.57	354	350	35,794.92	136	179	27,379.14
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	261	792	12,075.18	944	237	2,711.70	175	427	9,263.54
HABILITATION SERVICES	18	541	49,720.40	50	1100	48,953.75	22	715	51,547.10
REMEDIAL SERVICES	10259	24059	1341,888.46	21268	21739	8,728.88	1871	2063	2,488.81
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	21	20	2,515.80	409	512	44,218.94	12	12	1,685.90

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	98	30503	225,772.94	17	3329	66,372.79	0	0	0.00
EARLY ACCESS SERVICES	29	115	1,166.21	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4754	12086	1065,708.01	9245	20015	366,543.46	990	3260	160,236.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10167	10287	22,014.18	21241	21415	45,828.10	1864	1968	4,211.52
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	36	35	3,623.47	0	0	0.00	23	24	5,092.14
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10181	10445	978,733.36	21273	21840	201,615.06	1873	2076	60,726.85
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	110	114	8,214.18	2	2	66.14	3	3	249.83
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	67	67	182,279.37	0	0	0.00
PATIENT MANAGEMENT	95	95	190.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	157	333	17,105.17	29	61	10,584.74	2	2	478.19
MEDICAL SUPPLIES	244	13235	62,026.43	5284	335491	451,974.70	155	6525	15,364.23
OTHER PRACTITIONER	579	3611	177,855.98	544	2114	57,157.71	112	237	11,954.25
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	966	1087	136,776.41	796	952	126,865.81	145	175	29,660.40
OPTOMETRIST	519	569	35,003.03	623	865	23,149.67	72	80	5,764.98
CHIROPRACTIC	183	347	10,115.90	251	546	4,153.37	67	134	4,168.33
PODIATRIC	27	34	3,607.96	1055	1520	14,632.78	24	34	1,662.93
PHYSICAL DISABILITIES SVCS	0	0	0.00	214	9351	113,923.20	0	0	0.00
BRAIN INJ WAIVER SERVICES	36	2249	53,811.28	434	22940	798,057.01	0	0	0.00
PSYCHIATRIC	32	53	4,079.00	251	598	15,664.11	17	27	1,283.24
RESIDENTIAL CARE FACILITY	3	72	471.68	8	190	941.66	0	0	0.00
ID WAIVER SERVICE	211	8929	342,120.45	8	418	19,085.50	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	28	2420	25,211.20	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5463	275801	3655,491.55	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	37	2614	49,389.04	7	135	2,180.48	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	244	1911	102,877.22	127	1034	43,915.66	2	25	917.05
UNASSIGNED	0	0	0.00	7	0	166.45-	1	0	0.00
* A L L C A T E G O R I E S *	10277	148731	5717,793.60	13688	1145532	34195,000.73	1939	34456	1217,058.03

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	155	898	1041,095.48	42	352	262,340.16	8	27	52,334.42
OUTPATIENT	465	18191	489,788.60	1220	16652	331,731.87	129	2667	125,051.09
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	6	61.21	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	30	511	43,809.09	21	69	1,779.58	4	25	2,586.25
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	745	2888	299,340.77	3241	4585	288,741.75	182	742	119,876.12
CLINIC SERVICES	66	107	13,170.93	690	832	119,420.17	19	20	4,248.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	51	219	4,264.14	209	494	8,716.68	25	51	3,999.65
HABILITATION SERVICES	9	328	13,171.46	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	15091	16800	219,398.85	264	267	657.15
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	41	44	11,006.63	14	13	1,914.16	1	1	718.25

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	25	6859	44,516.98	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	3	4	51.16	0	0	0.00
PRESCRIBED DRUGS	271	1439	55,735.43	4152	7566	639,974.81	215	845	47,416.41
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	298	294	629.16	14987	15864	33,948.96	263	263	562.82
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	5	946.12	59	63	6,665.24	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15078	16756	182,612.45	264	268	28,737.16
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	119	120	11,118.51	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11128	11128	22,256.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	71	1290	24,599.27	125	4085	24,452.08	26	772	5,910.75
OTHER PRACTITIONER	106	262	19,452.27	482	887	42,231.01	23	34	2,483.10
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	43	63	17,758.51	1508	1748	276,190.72	22	30	6,026.62
OPTOMETRIST	31	38	2,638.50	623	687	44,186.22	13	14	1,339.42
CHIROPRACTIC	18	39	1,241.34	333	541	16,955.43	17	47	1,506.31
PODIATRIC	7	8	228.75	31	40	7,032.34	9	10	617.63
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	48	137	8,855.08	7	10	612.16	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	89	1,530.67	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	0	32.91	13	252	10,622.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	973	26767	2047,825.65	15236	106496	2598,999.96	270	6083	404,071.49

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	2	8	734.04-	0	0	0.00	0	0	0.00
OUTPATIENT	8	204	6,083.07	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	5	24	4,088.20	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	81	98	8,170.81	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	86	334	17,608.04	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	10	211	45,135.34	0	0	0.00	9	24	42,049.73
OUTPATIENT	57	710	7,318.28	0	0	0.00	86	1515	25,876.36
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	4	35	1,820.95	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	126	184	5,819.17	0	0	0.00	134	293	25,595.96
CLINIC SERVICES	12	15	1,649.52	0	0	0.00	29	37	4,583.14
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	6	16	165.69	0	0	0.00	18	59	1,471.28
HABILITATION SERVICES	8	89	3,140.09	0	0	0.00	9	319	14,950.22
REMEDIAL SERVICES	491	510	76,177.03	0	0	0.00	391	435	76,647.84
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	119.77	0	0	0.00	7	8	1,208.44

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	28	9376	52,800.64	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	393	1404	119,638.03	0	0	0.00	163	354	18,728.41
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	482	483	1,033.62	0	0	0.00	391	425	909.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	2	91.39	0	0	0.00	7	6	357.99
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	483	484	56,542.99	0	0	0.00	395	427	57,734.22
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	2	2	52.50
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	2	2	4.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	56	116	11,823.76	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	19	878	851.58	0	0	0.00	5	96	736.54
OTHER PRACTITIONER	52	866	59,207.84	0	0	0.00	17	20	744.48
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	39	46	8,248.41	0	0	0.00	28	43	7,699.47
OPTOMETRIST	29	31	1,636.70	0	0	0.00	16	18	1,272.91
CHIROPRACTIC	13	24	575.10	0	0	0.00	7	11	375.57
PODIATRIC	2	2	35.86	0	0	0.00	2	1	118.85
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	4	4	30.00	0	0	0.00	1	1	17.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	5	165.75	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	362	20483	338,563.63	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	67	1,002.99	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	449	8892	398,263.03	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	456	44936	1191,861.16	0	0	0.00	384	4094	281,131.34

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	24	151	468,462.49	112	548	348,451.56	0	0	0.00
OUTPATIENT	309	5979	189,066.17	2815	74778	517,865.26	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	2	2,713.82	13	90	5,287.04	0	0	0.00
INTERMEDIATE CARE FACILITY	1	31	3,688.86	5	91	11,920.73	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2016	69522	30887,011.82	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	1	7	2,810.22	0	0	0.00
HOME HEALTH	5	62	1,859.69	1185	53849	1872,148.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	536	1366	103,578.86	4565	13332	316,316.31	0	0	0.00
CLINIC SERVICES	129	188	28,565.42	352	396	50,955.96	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	79	302	6,528.36	512	671	8,701.50	0	0	0.00
HABILITATION SERVICES	8	124	5,297.14	84	2733	100,767.65	0	0	0.00
REMEDIAL SERVICES	1495	2026	50,233.93	11892	12002	128,005.43	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	19	2,232.33	112	147	15,852.85	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	2	130	2,803.31	349	77066	985,903.61	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	8	10	4.10-	0	0	0.00
PRESCRIBED DRUGS	895	3839	237,770.17	6437	20596	1577,028.89	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1496	1534	3,282.76	12372	12455	26,653.70	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	6	7	419.42	9	6	573.19	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1495	1586	162,416.83	11891	11994	761,690.38	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	13	13	739.82	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	18	832.04	667	1548	197,145.56	0	0	0.00
MEDICAL SUPPLIES	126	4925	14,328.85	2724	369598	551,265.56	0	0	0.00
OTHER PRACTITIONER	57	160	12,222.01	982	13843	448,611.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	95	128	24,593.62	1363	1590	154,395.58	0	0	0.00
OPTOMETRIST	64	75	6,213.97	652	757	32,443.76	0	0	0.00
CHIROPRACTIC	51	87	2,669.98	340	616	8,450.40	0	0	0.00
PODIATRIC	21	28	2,094.66	621	776	13,752.94	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	4	221.88	266	13005	478,453.68	0	0	0.00
PSYCHIATRIC	4	5	404.62	457	691	22,337.31	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	9	557	4,354.37	0	0	0.00
ID WAIVER SERVICE	2	80	2,214.97	9262	622277	27463,952.62	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	37	753.58	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	164	2,086.27	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	43	2,337.54	148	8848	190,661.98	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	6	29	1,571.05	8172	57970	2767,375.86	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1517	23092	1340,711.02	12170	1442419	69952,634.82	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	2	3	5,122.99	6164	38991	39204,740.21
OUTPATIENT	0	0	0.00	15	85	1,660.51	65265	1250322	19718,858.43
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	18,600.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	1	29	588.57
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	892	11806	2312,814.44
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11209	343368	39500,721.73
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2030	69887	29574,233.44
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	50	1481	454,576.10
HOME HEALTH	0	0	0.00	1	1	5.04	12061	282828	12782,604.33
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	2	1	308.68
PHYSICIAN	0	0	0.00	35	38	2,008.18	121658	329670	15909,235.63
CLINIC SERVICES	0	0	0.00	16	20	3,032.80	21761	27640	3845,450.66
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	3188,697.00
LAB AND RADIOLOGICAL	0	0	0.00	4	4	87.11	17421	41810	803,379.17
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3487	111420	5575,742.20
REMEDIAL SERVICES	0	0	0.00	207	245	3,348.76	371782	422414	5173,062.11
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	2525	2893	317,550.61

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1082	281105	2771,945.77
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	247	941	8,827.98
PRESCRIBED DRUGS	0	0	0.00	23	40	941.38	131190	345066	20187,922.91
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	210	222	475.08	372607	392401	839,738.14
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	4	4	305.32	5556	6161	609,783.06
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	207	247	3,028.44	371690	407779	10936,017.43
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	2	2	330.46	6257	6827	1308,296.93
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	102	102	297,856.37
PATIENT MANAGEMENT	0	0	0.00	111	111	222.00	177305	177280	354,560.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	16	425.04	3335	8349	532,171.90
MEDICAL SUPPLIES	0	0	0.00	3	380	556.30	25013	1712272	3722,147.18
OTHER PRACTITIONER	0	0	0.00	8	13	555.53	16560	64412	2738,524.79
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	9	12	1,741.06	27806	33474	4676,193.94
OPTOMETRIST	0	0	0.00	8	7	151.92	13201	15672	888,019.65
CHIROPRACTIC	0	0	0.00	0	0	0.00	8708	17573	411,762.20
PODIATRIC	0	0	0.00	0	0	0.00	4354	6504	193,120.69
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	720	28974	376,635.86
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1027	55573	1994,868.67
PSYCHIATRIC	0	0	0.00	0	0	0.00	3690	6524	228,869.94
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1442	45805	377,017.79
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10410	689977	30858,855.87
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	543	32846	521,841.50
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	38	3203	34,568.23
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8783	438163	6004,375.36
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	51	895.56	2025	104821	1911,998.53
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	10281	83138	3924,629.91
UNASSIGNED	0	0	0.00	0	0	0.00	27	0	1137,916.86-
* A L L C A T E G O R I E S *	0	0	0.00	217	1501	24,893.48	412762	7899502	273953,797.05

* * * E N D O F R E P O R T * * *